

Registration District No. **638**Primary Registration District No. **3028**Registrar's No. **81**

1. PLACE OF DEATH:

(a) County **Madison**
 (b) City or town **Fredericktown**
 (c) Name of hospital or institution: **None**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2** **Years**
 In this community **2** **Years**
 (If rural, give location)

8. (a) PRINT FULL NAME **SAMUEL BUFORD**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **Florence Buford** 6. (c) Age of husband or wife if alive **69** years7. Birth date of deceased **February 25, 1864**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 **9** **5** hr. min.9. Birthplace **Fredericktown, Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **RETIRED Merchant**11. Industry or business **Dry Goods**12. Name **Christopher Young Buford**13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)14. Maiden name **Jane Anthony**
(City, town, or county) (State or foreign country)15. Birthplace **Fredericktown, Mo.**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Kellie Buford Ramsey**(b) Address **5738 E. Bright, St. Louis, Mo.**17. (a) **Burial** (b) Date thereof **Dec. 2, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Christian Cem. Fredericktown**18. (a) Signature of funeral director **Ed. H. Webb - Ed. Webb**(b) Address **Fredericktown Mo.**19. (a) **Dec 8 - 1940** (b) **S. G. Stanghites**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison**
 (c) City or town **Fredericktown**
 (If outside city or town limits, write "RURAL")
 (d) No. **Buford heights.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **Born here.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30**
year **1940** hour **7** minute **15** P. M.21. I hereby certify that I attended the deceased from **Nov-1-**
1940, 19 **50** to **Nov-30**, 19 **40**;that I last saw **Him** alive on **Nov-30-**, 19 **40**;
and that death occurred on the date and hour stated above.Immediate cause of death **Uraemic Coma** Duration _____Due to **Carcinoma of Prostate**

Due to _____

Other conditions **51**
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **M. P. Wampler** (M. D. or other) _____Address **Fredericktown** Date signed **12/19/40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myron A. LaPee....., Registered Apprentice No.....
working under my personal supervision.

Signed... *Myron A. LaPee*.....
Licensed Embalmer No. *425*.....
P. O. Address *Fredricktown, Md.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.